

GIVING GUIDE / GUIA DE DONACIÓN

1% PLEDGE PLAN

2% PLEDGE PLAN

Annual Household Income/ Entrada Anual	Total Donation/ Donación Total	10 Monthly Payments/ 10 Pagos Mensuales	Total Donation/ Donación Total	10 Monthly Payments 10 Pagos Mensuales
\$100,000	\$1,000	\$100	\$2,000	\$200.00
\$75,000	\$750	\$75	\$1,500	\$150.00
\$65,000	\$650	\$65	\$1,300	\$130.00
\$50,000	\$500	\$50	\$1,000	\$100.00
\$35,000	\$350	\$35	\$700	\$70.00
\$30,000	\$300	\$30	\$600	\$60.00
\$25,000	\$250	\$25	\$500	\$50.00

PASTORAL SERVICES APPEAL

All gifts are tax deductible as allowed by law.

Todos los donativos son deducibles de impuestos según lo permitido por la ley.



**ROMAN CATHOLIC
DIOCESE of ORANGE**

For more information about the Pastoral Services Appeal, please visit www.rcbo.org/psa or email psa@rcbo.org.

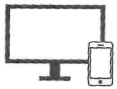
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2021 PASTORAL SERVICES APPEAL

1 Yes, I will support the Pastoral Services Appeal!

- With a monthly or quarterly gift of: \$ _____
 Until I choose to stop
 Only through December 2021
OR
 With a **one-time** gift of: \$ _____
 I/we wish to remain anonymous



**Save time, save paper, save your handwriting!
Make a safe, easy & secure gift online!**
www.rcbo.org/psa-give-now

2 Donor Information

Parish/Parroquia _____

Name/Nombre _____

Address/Domicilio _____ New/Nuevo

City/Ciudad _____ State/Estado _____ ZIP/Código Postal _____

Phone/Teléfono _____

Email/Correo electrónico _____

Please note payment options below. *Tenga en cuenta las opciones de pago a continuación.*

3 Payment Options/Opciones de Pago

- Credit Card
 Cash/Check Enclosed
 Total Amount Pledged: \$ _____
 Amount Enclosed: \$ _____
 EFT (Electronic Funds Transfer)
Please include a voided check
 Bill Pay through Bank
*Set up payable to Diocese of Orange,
PO Box 176, Kensington, CT 06037-0176
Please include PSA account number if available.*

For Parish Use

4 Payment Information

- Visa MasterCard AMEX Discover

Name on Account/Nombre en la tarjeta _____

Card No./Número de tarjeta _____

Exp. Date/Fecha de caducidad (MM-YYYY) _____

CVV _____

Signature/Firma _____

**Electronic payments will be processed on the 15th each month.*

THANK YOU FOR YOUR SUPPORT.